								Application or Docket Number					
	PATENT A	₹D	10,156213										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									<u></u> -	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			34				R/A	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBE	NUMBER EXTRA		C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			74 minus 20=		* 14		X\$	9=		OR	X\$18=	252	
INDEPENDENT CLAIMS			minus 3 =		2		X4	12=		OR	X84=	168	
MULT	TIPLE DEPEN	DENT CLAIM PE	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1160	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ALL I	ENTITY	OR	OTHER SMALL	THAN	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	. RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 34	Minus	ئ ئ	34	=6	X	9=		OR	X\$18=		
	Independent	• 5	Minus	***	3	-6	X4	12=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								40=.		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)	Language and the second	(Coli	umn 2)	(Column 3)	ADDI	í. PEC			ADDII. FEE		
MENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER (IOUSLY D FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S L	Total	*	Minus	**		8] xs	9=		OR	X\$18=		
1175 6	Independent	*	Minus	***		-	×	42=		OR	X84=		
للا	FIRST PRESE		+1	40=		OR	+280=						
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NS	Total		Minus	**		=	X	\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***] ×	42=		OR	X84=		
Ü	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		 	1		-	
	f the entry in colu	ımn 1 is less than	the entry in col	iumn 2, w	rite "0" in c	olumn 3.		40=	<u> </u>	OR	L	ļ	
* 0	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												

FORM PTO-875 (Rev. 8/01)

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